



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAFAYETTE REGIONAL REHABILITATION HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Mary Pitcock

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Medicare Provider Number: 153042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14355174
Outpatient Patient Service Revenue	\$925422
Total Gross Patient Service Revenue	\$15280596

2. Deductions From Revenue

Contractual Allowance	\$5547589
Other Deductions	\$0
Total Deductions	\$5547589

3. Total Operating Revenue

Net Patient Service Revenue	\$9733007
Other Operating Revenue	\$43555
Total Operating Revenue	\$9776562

4. Operating Expenses

Salaries and Wages	\$5631753	Employee Benefits	\$643690
Depreciation and Amortization	\$406431	Interest Expense	\$1466678
Bad Debt	\$-39612	Other Expenses	\$4485057
Total Operating Expenses	\$12593997		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2817435	Total Assets	\$93843999
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-96661433

Total Net Gains	\$-2817435
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$10537813	\$3063742	\$7474071
Medicaid	\$1347271	\$720532	\$626739
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$3395512	\$1763314	\$1632198
Total	\$15280596	\$5547588	\$9733008

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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